

PRESBYTERY REGISTRATION FOR 2019 PRESBYTERIAN YOUTH TRIENNIUM

- A. Complete the following form on both sides (you will need a church leader and parent to sign it), and return it to Chris Lieberman, c/o Presbytery of St. Augustine, 1937 University Blvd. W, Jacksonville, FL 32217, by **May 15, 2019**.
- B. With this registration form, send your deposit of \$255. (Note: The balance of \$300 will be due by **Wednesday, May 22, 2019**. Anyone registering is expected to pay the balance if they are unable to attend unless their spot can be filled by another youth of the same gender.)
- C. Complete the Participant Release Form on the PYT website:
https://triennium-medical.pcusa.org/participant_information/.

As you complete the information below, please use a **black pen** and make sure that all information is **LEGIBLE**, particularly email addresses.

Full Name _____

Name on Badge, if different _____

Full Address _____

Phone (H) _____ (C) _____

E-mail: _____

Church/City _____ T-shirt size _____

Gender: Male ___ Female ___ Other ___ Birthdate _____

Parent Name _____

Parent Phone _____ Email _____

In the space below, please identify any special needs (food, allergies, meds, disabilities):

I have read the Triennium “Community Guidelines” and agree to abide by them, and I agree to arrive on time to leave as a group on Monday, July 15 for the chartered bus to Triennium.

Signed _____ Date _____

(over)

II. Church Endorsement (to be signed by Pastor, Educator, CRE or Clerk of Session – note this person should NOT be related to the participant):

_____ (name of youth) is an active participant in _____
Presbyterian Church in _____ (city) and I endorse him/her as a member of the
Presbytery of St. Augustine’s Delegation to the 2019 Presbyterian Youth Triennium.

Signed _____

Print Name _____ Position _____

III. Parental Acknowledgement

I support my son/daughter _____ as a youth participant to the
2019 Presbyterian Youth Triennium and, as part of my support, promise to pay fees in full, assist
him/her in traveling to Jacksonville on July 15, and encourage his/her full participation in this event.
I understand that in the event my son or daughter withdraws from this event after **May 15, 2019**, I
am responsible for full payment unless her/his place can be filled by another youth of the same
gender. In the event that s/he fails to live up to the Triennium Community Guidelines and is asked to
leave the event, I will be responsible for his/her transportation home and any costs associated with it.

Signed _____

Name _____

* * * * *

For office use only

Date registration received _____ Online Confirmation _____

Deposit received: \$ _____ Date balance received _____